

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | HL       |        | 08-27-01 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | A.T.     | 1071   | 10/02/01 |
| RESPONSE FORMALITY REVIEW | HL       | 1019   | 02-27-02 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

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09/10/01